

INSOMNIA

Distinct disorder or symptom? Some studies indicate that insomnia affects 10-17% of the adult population, and 69% of primary care patients! Costs over \$100 billion annually in morbidity and mortality, missed work, and accidents.

Definition

1. Difficulty initiating or maintaining sleep, or sleep that is non-restorative.
2. Sleep difficulties despite sufficient time and appropriate sleep hygiene.
3. Symptoms result in impaired functioning or distress.

Risk Factors

-Personal or family history of insomnia, chronic pain, increasing age, female sex, psychiatric illness, medical co-morbidities (cancer, COPD, GERD, hyperthyroidism), poor social relationships, lower socioeconomic status, single/separated from spouse or partner, unemployment.

Types (to name just a few)

-Sleep Onset Insomnia (Delayed Sleep Phase Syndrome), Idiopathic Insomnia, Psychological Insomnia, Childhood Insomnia (Limit-Setting Sleep Disorder), Transient Insomnia (Adjustment Sleep Disorder), Substance-Induced Sleep Disorder (Stimulant, alcohol, toxins).

Evaluation

-Start with an office interview-pain, emotional state, medical co-morbidities, sleep hygiene, exercise, eating and drinking habits, evaluate for other sleep disorders such as restless leg, sleep apnea, etc.

-If still stumped, think about referring for a sleep study.

Treatment

-Start with non-pharmacologic treatment first – proven, effective, and safe.

-Exercise: Some studies show exercise improves sleep as effectively as benzos!!!!

-Stop offending medications, drugs, and toxins(i.e. stimulants, caffeine, alcohol, etc.)

-Sleep hygiene: Discuss sleep journal, CBT, give your patient's handouts and encouragement. The bedroom is for sleep and sex only! Avoid naps, get out of bed when not sleeping, night time rituals, maintain a sleep schedule, etc.

-Melatonin, Melatonin agonist (ramelteon)

-Nonbenzodiazepine hypnotics: zolpidem, zaleplon

-Anti-depressants: amitriptyline, trazodone

-Short term use of benzodiazepines and hypnotics – Can be addictive and cause rebound insomnia.

-Not recommended: Antihistamines are not effective, disrupt sleep quality, and cause residual drowsiness. Alcohol and opiates cause fragmented sleep. In general herbal supplements have not been studied sufficiently.

References

Up To Date: Overview of Insomnia, Treatment of Insomnia

Eddy ME, Walbroehl GS. Insomnia. *Am Fam Physician*. 1999 Apr 1;59(7):1911-1916.

Ramakrishnan K, Schweid DC. Treatment Options for Insomnia. *Am Fam Physician*. 2007 Aug 15;76(4):517-526.

Dr. Dement's The Sleep Well page: standford.edu/~dement

Sleep Hygiene Handouts

Psychology Tools: <http://psychologytools.org/Sleep-and-Insomnia.html>

Mayo Clinic: <http://www.mayoclinic.com/health/insomnia/DS00187/DSECTION=lifestyle-and-home-remedies>

National Sleep Foundation: <http://www.sleepfoundation.org/article/ask-the-expert/sleep-hygiene>

UCSF: http://www.ucsfhealth.org/education/improve_your_sleep_hygiene/index.html

Dr. Dement's How to Sleep Well: <http://www.stanford.edu/~dement/howto.html>

There's so much joy in life,
So many pleasures all around
But the pleasure of insomnia
Is one I've never found
With all life has to offer,
There's so much to be enjoyed
But the pleasures of insomnia
Are ones I can't avoid

-Barenaked Ladies, *Stunt*